

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31159

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1043
City St. Louis Mo. (No. Sanataramm) St. Ward)

File No.
Registered No. 7852
St. Ward)

2. FULL NAME

(a) Residence, No. 4551 Easton Ave. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. + mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15, 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
MOTHER FATHER	11. Total time (years) spent in this occupation.....	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
17. INFORMANT (ADDRESS) <u>Hubert P. Smith 5400 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>9-11-33</u>		
19. UNDERTAKER (ADDRESS) <u>Tracy Shavers Mortuaries 4228 So. 15 Highway</u>		
20. FILED <u>11-1-33</u> <u>J. B. Redelt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Sept 9, 1933.
I last saw her alive on Sept 9, 1933. Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset	<u>Sept 3, 1933</u>
Principal Cause of Death	<u>Broncho Pneumonia</u>
Other contributory causes of importance:	<u>Chronic myocarditis</u> <u>Arterio-sclerosis</u>
Name of operation	<u>none</u>
Date of operation	<u>no</u>
What test confirmed diagnosis	<u>clin. & lab.</u>
Was there an autopsy?	<u>no</u>

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Hubert P. Smith M. D.
(Signed) (Address) 5400 Arsenal St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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